

ORIGINAL COMMISSION APPLICATION

Employment Hours:	() Full Time	() Part Time	
<hr style="border-top: 1px dashed black;"/>			
Please complete and submit the following items:	Original Fee:	Subscription Fee:	Total Cost:
() Commissioned Security Officer	\$50.00	+ \$5.00	= \$55.00
<ul style="list-style-type: none">▪ Fee(s) submitted by mail, must also have a PSB-50 form attached.▪ By Mail: \$25.00 FBI fingerprint fee and submit two classifiable & completed fingerprints on Bureau issued fingerprint cards.▪ By internet utilizing the Texasonline and IBT services: \$25.00 FBI fingerprint fee and provide a copy of your signed IBT FAST Receipt.▪ Note: If you are a full-time Peace Officer, you are not required to submit FBI fingerprint cards; however you must submit form PSB-49 Peace Officer Fingerprint waiver along with your application.▪ Submit Level Two and Three Certificate of Completion.▪ Note: If you are a full-time Peace Officer certified by Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE) and employed at least 32 hours per week by a Texas Law Enforcement Agency you may submit form PSB-00 Peace Officer Training Certificate.▪ If applicable, please provide a copy of your certificate of naturalization or permanent resident alien card.			
NOTE: Please check the appropriate boxes:			
() Submitted FBI Fee \$25.00	() Attached two fingerprint cards	() Attached copy of your signed IBT FAST receipt	
() Attached PSB-49 Fingerprint Waiver			
<div style="border: 1px solid black; padding: 5px;"><p>*****Critical Infrastructure*****</p><p><input type="checkbox"/> Check this box if you are applying as a “Critical Infrastructure” facility. Complete PSB-44 (Critical Infrastructure) form and submit this form along with the Original Registration Application. This form is located on our website at www.txdps.state.tx.us/psb.</p><p>*****</p></div>			
Fees submitted to the Board are not refundable or transferable.			

PLEASE TYPE OR PRINT CLEARLY

Company Name: _____ **Company License Number:** _____

Social Security Number: _____ **TX Driver License or TX ID:** _____

Name: _____
Last First Middle

Home Address: _____ **Home Phone:** _____
Number & Street City State Zip area code + number

Date of Birth: _____ **Place of Birth:** _____
City/State or Country

Sex (circle one) 1. Male 2. Female **Height/Weight:** Feet: _____ Inches: _____ Pounds: _____

Eyes (circle one) 1. Blue 2. Brown 3. Gray 4. Hazel 5. Green 6. Black

Hair (circle one) 1. Black 2. Red 3. Gray 4. Brown 5. Blonde 6. Bald

Race (circle one) 1. White 2. Black 3. Spanish 4. Amer. Indian 5. Asian 6. Other: _____

List any alias you have used: _____

Describe your Duties: _____

COMPLETE THE REVERSE SIDE OF THIS FORM

The Applicant must answer each question below before this application can be processed.

Explanations or qualifications may be added as an attachment.

Please place an “X” to mark your appropriate response and answer each question.

- (1) Have you ever been convicted, in any jurisdiction, of a felony level offense? ☐ YES ☐ NO
- (2) If you answered YES to (1) above, has it been LESS than 10 years since you completed your sentence or probationary period? ☐ YES ☐ NO ☐ NOT APPLICABLE
- (3) Have you ever been convicted, in any jurisdiction, of a Class A or equivalent misdemeanor? ☐ YES ☐ NO
- (4) If you answered YES to (3) above, has it been LESS than 5 years since you completed your sentence or probationary period? ☐ YES ☐ NO ☐ NOT APPLICABLE
- (5) Have you, within the past 5 years, been convicted, in any jurisdiction, of a Class B misdemeanor or equivalent offense? ☐ YES ☐ NO
- (6) Are you currently charged with, or under indictment for, a felony, or a Class A misdemeanor? ☐ YES ☐ NO
- (7) Are you currently charged with, a Class B misdemeanor? ☐ YES ☐ NO
- (8) Have you ever been found by a court to be incompetent by reason of mental defect? ☐ YES ☐ NO
- (9) Have you received a dishonorable discharge, a bad conduct discharge, or an other than honorable discharge, from the Armed Forces? (If yes attach a copy of your DD-214). ☐ YES ☐ NO
- (10) Are you required to register as a sex offender, in this state or any other state? ☐ YES ☐ NO
- (11) Are you currently restricted under a court protective order or subject to a restraining order affecting the spousal relationship, other than a restraining order solely affecting property interests, including any court order restraining your conduct as to an intimate partner? ☐ YES ☐ NO
- (12) Have you been diagnosed by a licensed physician as suffering from a psychiatric disorder or condition that causes or is likely to cause substantial impairment in judgment, mood, perception, impulse control, or intellectual ability? If unsure, carefully review Tex. Occ. Code §1702.163 (d), (e) & (f). ☐ YES ☐ NO
- (13) Have you been convicted in any court of a misdemeanor offense involving domestic violence? ☐ YES ☐ NO
- (14) Are you an unlawful user of a controlled substance or addicted to any controlled substances? ☐ YES ☐ NO
- (15) Federal law prohibits the Bureau from issuing a license to anyone who is ineligible to work in the U.S. Are you a non-citizen? If “yes,” you must submit a copy of your certificate of naturalization or a copy of your permanent resident card. ☐ YES ☐ NO

WARNINGS: Any pending charges or convictions referred to above require the submission of the appropriate court documentation, with this application. Failure to report an arrest or conviction later found by a fingerprint search may result in denial of or revocation of a license based solely on the material misstatement of fact in this application.

By signing below, you are acknowledging that you have reviewed the eligibility criteria of Occupations Code §1702.113 and the definition of ‘conviction’ provided in §1702.371 and Administrative Rule §35.1. In addition, you have acknowledged and reviewed the disqualifying offenses listed in Administrative Rule 35.46.

I acknowledge that I have read and understand the information contained in the above **warning** paragraph, and that I have truthfully answered all of the above questions. I understand that a false entry on this document could be considered a criminal violation.

Applicant’s Signature: _____ **Date:** _____

This section must be completed by the Qualified Manager or Owner

I hereby verify that the above applicant began employment in a position that requires registration with my company on:

Applicant’s Date of Employment

I am requesting that the above applicant be issued a registration with my company as my employee:

Qualified Manager or Owner signature: _____ **Date:** _____

**NOTICE: THIS IS A GOVERNMENTAL RECORD.
ANY FALSE ENTRY MADE ON THIS DOCUMENT COULD BE CONSIDERED A CRIMINAL VIOLATION.**

In accordance with Rule 35.77, any applications considered incomplete after 90 days may be voided and a new application along with all appropriate documentation and fees may be required.